

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/564792

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2			1		1	
3			2		1	
4			2		1	
5			2		1	
6			2		1	
7			1		1	
8			1		1	
9			1		1	
10			1		1	
11			1		1	
12			1		1	
13			1		1	
14			1		1	
15			1		1	
16			1		1	
17			1		1	
18			2		1	
19			1		1	
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TOTAL IND.			2		2	
TOTAL DEP.			21		17	
TOTAL CLAIMS			23		19	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						